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PATENT
Attorney Reference Number 6919-65887-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Sanders et al.

Application No. 10/672,915

Filed: September 25, 2003

Confirmation No. 9189

For: ANTI-SPILL DEVICE FOR CUP AND LID

Examiner: Stephen J. Castellano

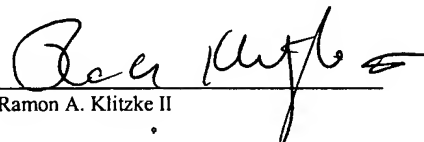
Art Unit: 3727

Attorney Reference No. 6919-65887-01

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney or Agent
for Applicant(s)


Ramon A. Klitzke II

Date Mailed May 9, 2005

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TRANSMITTAL LETTER

Enclosed is a Reply to Restriction Requirement for the above application. The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | |
|--|---------------------|-------------------------|---------------|----------|---------|--|
| For | No. after amendment | No. paid for previously | Present Extra | Rate | Fee | |
| Total Claims | 28 | - 28* | = 0 | \$25.00 | \$ 0.00 | |
| Indep. Claims | 4 | - 4** | = 0 | \$100.00 | \$ 0.00 | |
| Mult. Dep. Claims Fee (if not previously paid) | | | | \$180.00 | | |
| One-month Extension of Time | | | | \$60.00 | | |
| Two-month Extension of Time | | | | \$225.00 | | |
| Three-month Extension of Time | | | | \$510.00 | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |

* greater of twenty or number for which fee has been paid.

** greater of three or number for which fee has been paid.

☒ No additional fee is required.

- ☒ Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ If the Patent and Trademark Office determines that this amendment results in an additional application size fee for pages in excess of 100, please charge the fee to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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By


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